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Upholding human rights in times of crisis and pandemics: gender, equality and non-discrimination

Report[1]
Committee on Equality and Non-Discrimination
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Summary

The Covid-19 pandemic is more than a global health crisis. It has devastated the lives and livelihoods of millions of people and exposed the structural inequalities present in our societies.

Governments have often responded to the crisis with a one-size-fits-all approach. As a result, many measures taken have aggravated structural inequalities. Lockdown measures have confined women to their homes with their abuser, while making support services less accessible. Discrimination on grounds of gender, "race", national or ethnic origin, disability, age, sexual orientation, gender identity, sex characteristics and health status has been amplified in all fields of daily life and progress towards equality has been set back. Manifestations of racism and prejudice against some groups have also increased.

Work must start now to bring about the transformation to a more inclusive society this crisis demands. To face possible new waves of this pandemic and other future crises, governments must examine critically who and what they missed in the first wave. To accommodate all needs, they must take a differentiated approach. Bodies designing, implementing and evaluating crisis responses must not only be competent but also diverse, gender-balanced and inclusive. They must plan, budget for and provide additional support to all persons who need it, ensuring that special measures can be taken wherever necessary to guarantee equality and non-discrimination.

1. Reference to Committee: Decision of the Bureau, Ref. 4513 of 7 May 2020.

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A. Draft resolution[2]

1. The Covid-19 pandemic is more than a global health crisis. Its impact on human lives around the world has been devastating, with millions of people infected and hundreds of thousands killed. But its ramifications have also extended far beyond the realm of health. The pandemic has affected the functioning of our democracies and impacted human rights across the spectrum. It has inflicted severe damage on the global economy, destroying or imperilling the livelihoods of millions of people.

2. The crisis has cast a harsh spotlight on structural inequalities already present in our societies. Women, over-represented in the health and care professions, have played a disproportionate role on the medical and care frontlines, while often remaining invisible as experts in these fields and underrepresented in both government bodies set up to deal with the crisis and in the media. People living in institutionalised settings, including many elderly people and persons with disabilities, have been highly vulnerable to the virus. Racialised people, including people of African descent, Roma, migrants and their children, as well as LGBTI people, have been disproportionately affected due to persisting inequalities in health status and access to health care. These in turn are often caused in large part by socioeconomic status, racism, marginalisation and deeply ingrained discrimination in fields such as housing, employment and education.

3. The pandemic has not simply brought existing structural inequalities into the open, however: it has exacerbated them. While government responses to the pandemic have generally been taken with the legitimate purpose of protecting public health, a one-size-fits-all approach has often been taken, with little or no consideration being given to how different groups or different situations might need to be accommodated.

4. As a result, many measures taken have aggravated inequalities, cut some people off from vital services, and exposed others to new dangers. People's ability to implement preventive measures such as frequent handwashing and physical distancing have been directly affected by their living conditions, in particular where they lack access to running water or where several generations live together in an overcrowded space. Yet many governments failed to provide assistance to people in these situations. The linguistic needs of persons belonging to national minorities, and the need to provide information to persons with disabilities in a format accessible to them, were also rarely taken into account, particularly in the early stages of the pandemic.

5. Lockdown measures increased the risks of gender-based and domestic violence, as women were confined to their homes with their abuser. At the same time, women's shelters and other support systems and services became less accessible. In parallel, the focus on emergency responses to the pandemic left many without access to essential healthcare services, for example in the field of sexual and reproductive health rights. After years of progress towards gender equality, in many countries women have shouldered even greater burdens during the crisis due to the combination of childcare, home schooling, unpaid care work and household tasks.

6. Lockdown enforcement measures have often targeted populations already affected by ethnic profiling, while closures of public spaces and reductions in public transport services have penalised persons in lower socio-economic categories, with no alternatives at their disposal.

7. The closure of non-essential businesses during lockdowns has moreover amplified structural discrimination against groups already over-represented in lower-paid and less secure jobs or working in the informal economy, including women, people of African descent, Roma and Travellers, migrants and LGBTI people, whose livelihoods have been restricted or cut off altogether, and who are at increased risk of poverty. Others have been forced to continue working in unsafe conditions. Young people's access to the labour market has been halted and the closure of schools hit first and hardest children with disabilities and those children who had least access to electricity, necessary IT equipment and the internet, those who did not speak the official language of the country fluently, and those whose parents were least able to provide additional support. The socio-economic impact of the crisis risks having long-term effects.

8. The Parliamentary Assembly condemns the fact that some political and religious leaders have actively stigmatised and incited hatred against certain groups in the context of this crisis, depicting them as vectors of contagion or even as the cause of the pandemic itself. It deplores the fact that the pandemic has led to increased manifestations of racism and prejudice against many groups, including people of Asian origin, Roma and Travellers, people of African descent, migrants and LGBTI people.

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2. Adopted unanimously by the Committee on 10 July 2020.

9. Following the Black Lives Matter demonstrations in the United States, large, peaceful protests were held in many European cities to denounce racism and police violence. Many observe a link between these demonstrations and feelings of exclusion, fear of more control by the police and increased awareness of systemic discrimination and institutional racism that were exposed during the Covid-19 crisis.

10. The Assembly underlines that it is not enough to see and understand where things have gone wrong; it is not enough to recognise the structural inequalities that have left some far more exposed than others, and that have wreaked much greater havoc on livelihoods among some groups. The discriminatory effects of the pandemic will not disappear overnight. If we do not respond to the lessons we have learned, these effects will persist in the medium and longer terms, and those most harmed by the current crisis will also be hardest hit by the next one. Governments must ask themselves: when we designed measures to respond to this crisis, who was at the table to discuss and debate decisions and emergency laws? What data did we have at our disposal? Whom and what did we miss? How can we ensure that we do not miss them again?

11. We are by no means certain when the pandemic will end. Some countries are still facing high numbers of new cases, and clusters have reappeared in countries where the situation appeared to be under control. But we must start working now to improve our responses and bring about the transformation to a more inclusive society that this crisis demands.

12. In light of these considerations, the Assembly calls on all Council of Europe member States to:

12.1. sign and ratify, if they have not yet done so, the Council of Europe Convention on preventing and combating violence against women and domestic violence (CETS No. 210, “Istanbul Convention”), the European Social Charter (revised) (ETS No. 163), the Additional Protocol to the European Social Charter Providing for a System of Collective Complaints (ETS No. 158), the Framework Convention for the Protection of National Minorities (ETS No. 157), and the European Charter for Regional or Minority Languages (ETS No. 148);

12.2. strengthen their efforts to implement and promote these treaties in line with the Assembly’s Resolution 2289 (2019) “The Istanbul Convention on violence against women: achievements and challenges”, Resolution 2262 (2019) “Promoting the rights of persons belonging to national minorities” and Resolution 2196 (2018) “The protection and promotion of regional or minority languages in Europe”;

12.3. in the case of States already parties to the European Social Charter (revised), expand the scope of the provisions by which they undertake to consider themselves bound.

13. The Assembly calls on Council of Europe member and observer States, as well as those enjoying observer or partner for democracy status with the Parliamentary Assembly:

13.1. In order to guarantee that immediate crisis responses are comprehensive and inclusive and take full account of the diversity of our societies and of the differing impacts that the same measures may have on different groups, to:

13.1.1. ensure that crisis response bodies not only bring together the necessary technical expertise but are also gender-balanced and representative of the full diversity within society, and that they regularly consult equality bodies, civil society organisations and experts active in researching and promoting equality;

13.1.2. base the measures taken to respond to crises on objective data, collected and disaggregated by grounds such as gender, “race”, national or ethnic origin, sexual orientation, gender identity, sex characteristics, disability, age and health status, while fully respecting international standards on the protection of personal data, and with full respect for the principles of confidentiality, informed consent and voluntary self-identification;

13.1.3. plan, budget for and provide from the outset additional support to persons who will need it, such as speakers of minority or non-official languages and persons with disabilities, in order to have equal access to information about measures they can take to protect themselves from the crisis, and new obligations stemming from the crisis;

13.1.4. plan, budget for and provide from the outset additional support to persons who may face particularly negative consequences due to measures taken in response to the crisis, or new barriers in accessing services on which they depend, due to grounds such as their gender, “race”, national or ethnic origin, sexual orientation, gender identity, sex characteristics, disability, age and health status;

13.1.5. place the safety of victims of gender-based and domestic violence at the heart of all measures and policies taken in response to crises;

13.2. As regards the recovery period, to:

13.2.1. ensure that teams working on recovery measures are gender-balanced, diverse and inclusive and take an evidence-based approach, planning, budgeting and providing for differential measures to be taken wherever necessary to guarantee equality and non-discrimination, as outlined above with respect to immediate crisis responses;

13.2.2. encourage businesses to maintain and strengthen measures in place to promote diversity and inclusion in access to employment and in the workplace, in line with the Assembly's Resolution 2257 (2019) "Discrimination in access to employment" and Resolution 2258 (2019) "For a disability-inclusive workforce";

13.2.3. ensure that work on and investment in preparedness for future crises is comprehensive and inclusive;

13.2.4. promote intergenerational and interethnic solidarity in the various fields adversely affected by this pandemic;

13.3. In order to strengthen measures taken to address existing structural inequalities, to:

13.3.1. ensure that equality data is regularly collected and disaggregated by grounds such as gender, "race", national or ethnic origin, sexual orientation, gender identity, sex characteristics, disability, age and health status, while fully respecting the Council of Europe's data protection standards;

13.3.2. mainstream equality into all aspects of their work;

13.3.3. systematically use gender-sensitive and similar equality-sensitive budgeting tools to assess the impact that measures will have on different groups in the population, and to assess the effectiveness, efficiency and relevance of these measures.

13.3.4. strengthen national equality bodies and ensure that they have the necessary competences, resources and legal and structural guarantees to carry out their work independently.

14. The Assembly calls on all national parliaments to mainstream equality issues into the work they undertake in response to the Covid-19 pandemic, and beyond it, by:

14.1. ensuring that the composition of any parliamentary inquiry bodies set up to examine government and other responses to the pandemic is gender-balanced, diverse and inclusive;

14.2. considering advocating for the establishment of an inquiry specifically focusing on the equality issues thrown into the spotlight by the pandemic itself, and those aggravated by government responses to it;

14.3. using their role in scrutinising the work of executive authorities to question the government regularly about the inclusivity of measures taken in response to the pandemic, and of the bodies designing and evaluating these measures;

14.4. ensuring that equality and non-discrimination issues are systematically integrated in all parliamentary work, using a holistic and intersectional approach.

15. The Assembly calls on political parties and their leaders to:

15.1. ensure that their own membership and governing structures are gender-balanced, diverse and inclusive up to and including the highest levels, taking full account of the recommendations already made in texts it has previously adopted, and in particular its Resolution 2111 (2016) "Assessing the impact of measures to improve women's political representation" and Resolution 2222 (2018) "Promoting diversity and equality in politics";

15.2. condemn and work to prevent all forms of hate speech, in line with its Resolution 2275 (2019) "The role and responsibilities of political leaders in combating hate speech and intolerance".

B. Explanatory memorandum by Ms Stienen, rapporteur.

1. Introduction: One crisis, different impacts

1. In spring 2020, the Covid-19 pandemic brought the whole world to a halt. People were ordered or invited to remain in their homes; businesses were required to cease their activities; parliaments' activities and their scrutiny of the executive were reduced to a minimum.

2. The impact on human lives has been devastating. Over 10 million Covid-19 cases had been recorded worldwide as of 1 July 2020; the death toll had risen to over 500 000 persons,[3] and over 3.8 million cases remained active.[4]

3. The crisis has inflicted severe damage on the global economy, and job losses are counted in the millions. It has laid bare and exacerbated existing inequalities and revealed the weaknesses and unpreparedness of our institutions. The fundamental question we should now ask ourselves is whether we will rise to the challenge and use the crisis to push forward with a progressive and transformative agenda to renew efforts and focus in order to achieve equitable and sustainable development.

4. This storm affects us all – but some of us have been caught closer to its eye, and we have not all had the same means to shelter from it. The existence of far higher death rates, and far higher risks of serious illness, among men, elderly people and persons with certain comorbidity factors – often including persons with disabilities – is well documented. Moreover, as Covid-19 has spread, and despite a paucity of ethnic data collection throughout most of Europe, it has also emerged that racialised people have been disproportionately affected by the epidemic. Far higher death rates have been recorded and the proportion of patients requiring hospital care has been much higher among persons belonging to ethnic minorities.[5] While health issues have already been the subject of Assembly Resolution 2329 (2020) "Lessons for the future from an effective and rights-based response to the Covid-19 pandemic", I wish to emphasise here that it is crucial that medical and social research explore the underlying causes of these different health outcomes, which may be multiple.[6]

5. Women,[7] persons with disabilities, racialised people (including Roma and Travellers,[8] people of African descent, persons belonging to national or ethnic minorities, migrants, refugees and asylum-seekers), LGBTI people,[9] young people and elderly people have been especially hard-hit as governments have sought to address the pandemic through "one size fits all" measures, and have failed to take account of their specific needs as regards safety during lockdown, access to information, the capacity to implement preventive measures, and access to education, employment, housing and health, including sexual and reproductive health.[10]

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3. Covid-19 Dashboard by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University, accessed on 1 July 2020.
4. Harris C., "Coronavirus statistics: Latest numbers on Covid-19 cases and deaths", *Euronews*, accessed on 1 July 2020.
5. Kirby T., "Evidence mounts on the disproportionate effect of Covid-19 on ethnic minorities", *The Lancet*, Vol. 8, June 2020, p. 547-548; Intensive Care National Audit and Research Centre, ICNARC report on Covid-19 in critical care, 5 June 2020, accessed 08 June 2020; see in particular figure 7. Among Black African groups in the United Kingdom the death rate has been found to be 3.24 times higher, and for Pakistani groups 3.29 times higher; it has been found to be 2.41 times higher for Bangladeshi, 2.21 times higher for Black Caribbean and 1.7 times higher for Indian groups. See Aldridge, R.W. et al, "Black, Asian and Minority Ethnic Groups in England are at increased risk of death from Covid-19: indirect standardisation of NHS mortality data", Wellcome Open Research, 6 May 2020. See also Brun S., "Les immigrés et leurs descendants sont en moins bonne position pour affronter le Covid-19", interview by Bherer M.-O., *Le Monde*, 9 June 2020; AFP, "Coronavirus outbreak in Sweden raises fears of 'blind spot' in some communities", *The Local*, 18 April 2020.
6. Davey M., "Why does Covid-19 kill more men than women? Researchers grapple with gender mystery", *The Guardian*, 24 June 2020; Morris S., "Systemic racism among risk factors in Covid-19 BAME deaths in Wales", *The Guardian*, 22 June 2020; Campbell D., "Racism contributed to disproportionate UK BAME deaths, inquiry finds", *The Guardian*, 14 June 2020.
7. "Covid-19: Put safety of women at the heart of all measures to tackle the coronavirus, says rapporteur", statement of the General rapporteur on violence against women, Béatrice Fresko-Rolfo, 23 March 2020.
8. "Covid-19: Rapporteur denounces discrimination against Roma and Travellers", statement of František Kopřiva, rapporteur on Discrimination against Roma and Travellers in the field of housing, 27 March 2020.
9. "Covid-19: No time for silence at critical moment for LGBTI people", statement of the General Rapporteur on the rights of LGBTI people, Fourat Ben Chikha, 15 May 2020.
10. "Covid-19 / World Health Day; "Access to family planning is essential, even in a time of crisis", statement of Petra Bayr, Chairperson of the Committee on Equality and Non-Discrimination, 7 April 2020.

6. Moreover, despite the many heart-warming manifestations of solidarity that we have witnessed during this crisis, hate speech and stigmatisation have also increased. Roma and Travellers, migrants, people belonging to ethnic minorities, persons with disabilities and LGBTI people have been blamed for causing Covid-19 itself or hastening the spread of the pandemic.[11]

7. This report is being written at a time when we are learning to live with the coronavirus. We cannot know for sure if there will be a second or third wave, and if so, what they may bring. Evaluation while working on curbing a pandemic is not easy, but at the same time, the interlude between different waves of this pandemic and the likelihood of other pandemics in the future must prompt us to take stock and learn, in order to be better prepared should there be a second wave or a new crisis.

8. What is however already evident, even so soon after the outbreak of the pandemic, is that not everyone has faced this crisis from the same starting point. Assumptions that the same measures to fight the pandemic can simply be applied equally to everyone, and be equally effective in protecting them, are also clearly flawed. This is clear not only from a health perspective, but also in every area of our lives touched by the crisis.

9. My report is a call to action. We must act now, and we must act sustainably, to transform our societies and overcome the inequalities that are so deeply rooted in them. We must act to ensure that people's chances not only of surviving a crisis, but of maintaining their livelihoods and well-being during the crisis and in its aftermath, are not pre-determined by their gender, national or ethnic origin, colour, sexual orientation, gender identity, sex characteristics, disability, age, social origins or other characteristics making up their identity.

2. Unequal impact of government measures introduced in response to the pandemic

10. In the face of an exponentially developing pandemic, governments have been forced to address the public health issues it has raised as a matter of urgency, to slow the spread of the virus and save lives.

11. Insofar as they concern individuals, such measures have frequently been based on a "one size fits all" approach. Yet if the bodies set up to design these measures are too homogeneous, and the target of a measure is (consciously or unconsciously) assumed to resemble those designing it, then the needs of (*inter alia*) women, ethnic minorities, people whose first language is a minority or foreign language, children, the elderly and persons with disabilities – well over half the population of any given country – will simply not be effectively accommodated.

12. As my analysis below makes clear, many citizens in Europe have been negatively affected by blanket-style responses to the pandemic. Measures have been taken with the legitimate purpose of protecting public health, but with little or no consideration of how they might affect different groups or how different situations might need to be accommodated. As a result, many measures taken have aggravated inequalities, cut some people off from vital services, and exposed others to new dangers.

2.1. Access to information

13. In the early stages of the pandemic, governments' main focus was generally on preventing the spread of the virus through small but crucial changes in individual behaviour. Awareness-raising campaigns were rapidly launched, emphasising personal hygiene measures such as regular handwashing, coughing into one's elbow or a single-use tissue, refraining from touching one's face and (in some countries) wearing a mask, and physical distancing measures such as avoiding physical contact when greeting other people and maintaining a minimum distance between oneself and others. These measures continue to be encouraged at the time of writing.

14. As the Council of Europe's Commissioner for Human Rights emphasised from the outset, in the context of the rapid spread of a little-known but deadly virus, potentially life-saving information needs to be made available rapidly and in formats accessible to everyone.[12]

15. Often, however, the specific needs of persons with disabilities were not properly taken into account.[13] In my country, the Netherlands, no sign-language interpretation was provided at press conferences given by the authorities in the early stage of the pandemic. While many governments in due course made efforts to

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11. "Covid-19 / International Roma Day: honouring resilience and resourcefulness in the face of anti-Gypsyism and discrimination", statement of the General Rapporteur on combating racism and intolerance, Momodou Malcolm Jallow, 8 April 2020; "Covid-19: No time for silence at critical moment for LGBTI people", op. cit.
12. Council of Europe Commissioner for Human Rights, "We must respect human rights and stand united against the coronavirus pandemic", statement, 16 March 2020.

provide information in easy-to-read versions or in sign language,[14] persons with disabilities who lacked access to the necessary information have been exposed to higher risks of illness, as well as to stigmatisation for their disability, their behaviour, or their failure to respect social distancing rules or guidelines that they have not understood.

16. Similar issues have arisen for persons belonging to national minorities. Where information about the situation and the measures adopted in the country where they live has not been available in their first language, speakers of regional or minority languages have been less able to protect themselves and their families, less likely to be able to benefit from support measures set up to respond to the crisis, and more likely to face financial or administrative sanctions if they fail to comply with new requirements. Yet, as the OSCE High Commissioner for National Minorities has pointed out, States have a clear interest in ensuring that all members of society understand what is required from them to help limit the spread of the pandemic, and that they have equal access to public services, regardless of their background. This is not only a question of public health, but also one of social cohesion.[15]

17. The measures taken to respond to the virus are constantly changing to take into account new information about the virus itself and to adapt to the situation as it evolves on the ground. To avoid disproportionate negative impacts on all the above groups of people, as well as migrants, asylum-seekers and refugees, who may have difficulty accessing information that is crucial for their safety and that of others, governments must ensure that information about the virus, about measures taken to address it and about individuals' own obligations in this context is transparent, up-to-date and accessible at all times, and available in a language and format that correspond to the needs of those seeking to access it.

2.2. Physical and social distancing measures

18. Many of the preventive measures outlined above rely on access to running water and the possibility of maintaining a specified minimum distance from others. Yet for many people in our societies, these possibilities simply do not exist.

19. For the many Roma and Travellers who still live in inadequate conditions – without access to running water, sanitation or other public utilities, and often in a situation of severe overcrowding – preventive measures such as staying indoors, social distancing and regular handwashing can become impossible, while access to disinfectant gels, face-masks and even basic information about preventive measures is often illusory. In such conditions, when one person does become ill, it is moreover often impossible for them to self-isolate. Coupled with an often-poor state of health, which is itself in large part attributable to poor living conditions as well as high levels of poverty, Roma and Travellers living in such conditions are at particular risk of contracting the Covid-19 virus, and of becoming gravely ill from it. According to one survey, 80% of Roma live below their country's threshold for being at risk of poverty, 30% live without running water, and one in three Roma children live in a household where someone went to bed hungry at least once in the month prior to the survey.[16]

20. The notorious lack of halting sites in the United Kingdom also left many Travellers living roadside during the pandemic, in overcrowded conditions and with no sanitation, and at constant risk of eviction. In Bulgaria and the Slovak Republic, some local authorities placed Roma settlements in quarantine, installing checkpoint controls and building temporary walls around Roma areas. Some authorities alleged that a "lack of discipline" among residents made preventive measures harder to enforce. Others argued that due to the lack of running water and sanitation there, these settlements should be quarantined in order to curb the spread of the virus – but they did not take steps to mitigate the problems. Some officials argued that high numbers of people

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13. Council of Europe Commissioner for Human Rights, "Persons with disabilities must not be left behind in the response to the Covid-19 pandemic", statement, 2 April 2020.
14. Ibid., citing Germany, Italy, Romania and France as positive examples of such efforts. See also Van Kesteren M., "Sign language interpreter goes viral", *I Am Expat*, 16 March 2020. Irma Sluis was the first sign interpreter at the press conferences of the Dutch Government in March 2020. The repeated occurrence of a sign language interpreter during these press conferences led to more attention and understanding for the rights and interests of deaf people in the Netherlands and registration for degrees in sign language has gone up.
15. Advisory Committee on the Framework Convention for the Protection of National Minorities, Statement on the Covid-19 pandemic and national minorities, adopted on 28 May 2020; OSCE High Commissioner for National Minorities, "Streamlining diversity: Covid-19 measures that support social cohesion", 17 April 2020.
16. "Covid-19: Rapporteur denounces discrimination against Roma and Travellers", op. cit.; Korunovska, N. and Jovanovic, Z., "Roma in the Covid-19 crisis: An early warning from six EU member States", Open Society Roma Initiatives Office, Open Society Foundations, 2020.

returning to their country from other severely affected countries in Europe such as Spain, Italy or the United Kingdom represented a risk to the rest of the population, but reportedly enforced 14-day self-quarantine measures far more forcefully in Roma neighbourhoods than elsewhere.[17]

21. Such measures do nothing to assist those who most need support. Worse, they aggravate the situation, by racialising the idea of who is responsible for the spread of disease and shifting blame from the structural failings of States to individuals or groups who are designated as "unclean".[18]

22. Many migrants, asylum-seekers and refugees as well as homeless people have found themselves in similar situations during the pandemic – living in inadequate conditions that make respecting preventive measures impossible and that leave them vulnerable to infection, yet being stigmatised in political discourse rather than supported. On a more positive note, however, some authorities have seized the opportunity provided by reduced tourism and business travel during the pandemic to requisition hotels and use them to provide a safer and healthier living space for people living on the streets. The experience has been positive: with no need to worry about where they will sleep from one day to the next, some of the persons housed in this way say they have been able, for the first time in years, to start making plans for the future.[19]

23. Many persons with disabilities continue to be deprived of their liberty in Europe. Whether in collective residential settings, psychiatric hospitals or other institutions, physical distancing measures may be impossible to implement. Moreover, many persons with disabilities living in institutionalised settings already suffer from poor physical health. These persons are extremely vulnerable to the spread of a pandemic, and States have a particular duty to protect them. Isolation has however often been the only solution on offer – one that is clearly not sustainable in the long term and that has a disproportionate impact on the people concerned.[20]

24. Isolation has also been the only solution proposed for many elderly people living in care homes, depriving them of the support of their families at a time when they desperately needed it. The psychosocial consequences of these measures are far-reaching. Heartbreaking stories of elderly people dying alone, with their families unable to accompany them, are legion, and the trauma for family members remains deep. Even more tragically, strict quarantines were often introduced far too late to prevent the spread of the virus within these homes, with catastrophic death rates among the elderly being recorded as a result.

2.3. Lockdowns

25. In many States, the measures initially taken to contain the spread of the virus proved insufficient, and full lockdowns were ordered, requiring people to remain inside their homes at all times except for brief periods and for specific purposes such as shopping for groceries, helping a vulnerable person or exercising.

26. For many women and girls, home became a dangerous place. Lockdown measures are believed to have contributed to a huge increase in acts of domestic violence.[21] I will discuss in more detail the impact of the crisis on violence against women below (see chapter 4.3).

27. Elderly people's experience of lockdown measures has also been extremely difficult, as they have been cut off from their families (see above) and from their usual activities. Moreover, government discourse on the isolation of the elderly has often been callous. In Serbia, people aged over 65 were completely forbidden from receiving visitors and from leaving their homes, except to go grocery shopping between 4am and 7am on Sunday mornings, for several weeks. The President of Serbia told retirees not to listen to suggestions that they should be allowed to go outside for an hour per day: "If you do, there will be no cemeteries able to accommodate us all." While many measures have been introduced precisely with a view to protecting a category of the population that faces increased overall risks due to Covid-19 complications, across-the-board

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17. Quarmby, K., "'A disaster waiting to happen' – Traveller communities buckling from the impact of the pandemic", Liberty Investigates, 4 May 2020; Amnesty International public statement, "Stigmatising quarantines of Roma settlements in Bulgaria and Slovakia", 17 April 2020, EUR 01/2156/2020; ERGO Network, "The effects of Covid-19 on Roma communities in Europe", 10 May 2020; Korunovska, N. and Jovanovic, Z., op. cit.

18. Elena Resnic, cited in Walker S., "Europe's marginalised Roma people hit hard by coronavirus", *The Guardian*, 11 May 2020.

19. Depoers C., "Le confinement en hôtel, une expérience bénéfique pour les personnes sans domicile", *Rue89* Strasbourg, 8 Juin 2020.

20. UN News, "Preventing discrimination against people with disabilities in Covid-19 response", 19 March 2020; Council of Europe Commissioner for Human Rights, "Persons with disabilities must not be left behind in the response to the Covid-19 pandemic", op. cit.

21. Pinna M., "He hit me with an axe handle": Europe's lockdowns lead to a surge in domestic violence, *Euronews*, 5 June 2020.

lockdown measures were not taken for other groups having comorbidity factors: the latter were allowed to take responsibility for their own health. This ageist approach towards people over the age of 65 has often made them feel undervalued, underestimated, and a burden on society.[22]

28. Lockdown measures have also left many LGBTI people confined in hostile home environments with family members who deny or reject their identity, and with little or no access to support networks in the outside world. Some young LGBTI people have been kicked out of home and left to fend for themselves on the streets, at a time when shelters are difficult to access or even closed altogether, and when they may be subject to fines for breaking lockdown. Young LGBTI people already have very high rates of suicide and mental health issues. Lockdown measures that heighten the risks for them and fail to offer access to adequate support risk causing them direct harm.[23]

29. Generally speaking, people's living conditions have strongly shaped their experience of lockdowns. Far greater hardships have been imposed on those confined for long periods of time in a cramped and/or overcrowded living space, with no access to an outdoor area. The lack of a dedicated and peaceful space to telework or follow schooling also heightened the difficulties and tensions involved in a situation where employers, employees, teachers, students and parents have already had to improvise constantly in order to try to keep their ship afloat. Meanwhile, decisions to close public parks and gardens in many cities, albeit based on public health grounds, have especially impacted those already suffering from the material conditions of the lockdown – often those in low-paid, insecure jobs, in which migrant communities and ethnic minorities are over-represented.

2.4. Lockdown enforcement measures

30. Police enforcement of lockdowns has often targeted people belonging to ethnic minorities or living in economically deprived areas. In France, more than double the number of police checks were carried out in the department of Seine-Saint-Denis – the poorest and one of the most multi-ethnic departments of mainland France – and more than two-thirds of fines issued in Marseille for a failure to respect the lockdown were issued in the city's poorer districts. The amount of the fines as fixed by law – €135 – represented a significant proportion of some families' budgets and challenging them was virtually impossible. The concentration of police controls in the poorer areas of towns moreover meant that those living in the worst conditions, and who would be the hardest hit by the penalty of €3 750 and up to six months' imprisonment for repeat offences, were also the most likely to be faced with it. Numerous cases of police brutality were also reported. Also in Spain, a rise in complaints of racist policing during the state of emergency was reported, coupled with greater police impunity for such conduct.[24]

31. The concentration of police controls in poorer areas of cities forms part of an institutional practice of ethnic profiling, in which often minor offences committed by persons with a lower socio-economic status, rather than white-collar crimes such as fraud and tax evasion, are targeted. The pandemic has not created this pattern of policing – but it forces us to take new note of it, to look at the disproportionate harm that it may cause to those least able to challenge such practices, and to question why such practices persist.[25]

32. Some countries (including my own) have used drones equipped with thermal sensors to remind people to keep their distance or to take people's temperatures remotely. In Bulgaria, several towns were however reported to have used such technology solely to target Roma. At the same time, there appeared to be no clear plan of action for dealing with persons who tested positive, nor for meeting the needs of affected persons during the quarantine or protecting other persons in affected areas against the spread of the virus.[26]

33. Stereotypes about families have also exposed people who do not fit gender paradigms to harsher lockdown enforcement measures. In my country – although it is one of Europe's most accepting places for LGBTI people[27] – same-sex couples have reported being targeted for controls in the streets during lockdown,

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22. Čubrilo-Filipović M., "*Coronavirus en Serbie: la grande solitude des plus de 65 ans assignés à résidence*", *Courrier des Balkans*, 30 March 2020; De Medeiros K., "A Covid-19 Side-Effect: Virulent resurgence of ageism", The Hastings Center, 14 May 2020.
23. ILGA Europe, "Covid-19 impacts on LGBTI communities in Europe and Central Asia: A rapid assessment report", 19 June 2020.
24. VoxPublic and 24 other associations, "Demandes de mesures concrètes pour faire cesser les contrôles et les verbalisations discriminatoires réalisées par les forces de l'ordre", Press Release, 13 May 2020; Brun S., op. cit.; Albin D., "Aumentan los abusos policiales al calor del estado de alarma", *Público*, 1 April 2020.
25. Amnesty International, "Policing the pandemic: Human rights violations in the enforcement of Covid-19 measures in Europe", 24 June 2020, Index EU 01/2511/2020.
26. Amnesty International public statement, op. cit.

as political discourse focusing on being in contact only with members of one's household reinforced stereotypes about families being composed of heterosexual parents with children. Single parents who have had no alternative but to bring their children shopping with them have sometimes faced difficulties, as some shops refused to let children enter. Restrictions on sporting activities have also reflected male stereotypes, with women out walking with their children being told, for example, that this was not legitimate exercise. The question of who makes the policies, and with what realities in mind, is critical here.

2.5. Measures affecting economic activity

34. The impact of the Covid-19 crisis on people's income and socioeconomic situation has been marked by strong differences. These depend, *inter alia*, on the type of work that they carry out and on decisions taken by governments to forbid or encourage certain types of activities. While the crisis has raised awareness of the crucial role played in our societies by "frontline" workers, whose work generally tends to be largely undervalued – nursing and care workers, cleaners, cashiers, delivery workers, garbage collectors, to name a few – it has also exposed some people to far higher risks – to their lives, to their livelihoods, or to both.

35. There is a very strong gender dimension to these issues, which demands particular attention. I look at this more closely in a separate section of the report (see chapter 4 below).

36. Racialised people are frequently over-represented in low-paid, precarious jobs. Many people in these professions have been forced to continue working as such jobs are also "frontline" jobs that can only be carried out in person. There have been numerous reports of workers ill from the coronavirus who continued to go to work – placing their own and others' lives in danger – because they did not benefit from statutory sick-leave and could not let their families go without food. Migrant workers have been especially vulnerable in this respect.[28] This is not a choice that anyone should have to make in modern societies – yet is a reality for many people, even in ordinary times.

37. Government measures have forced other workers to stop work altogether – notably workers in bars and restaurants, the retail and tourism industries, but also many cleaners and care-workers, who often have low-paid and precarious contracts. Their livelihoods have been directly imperilled by these measures. Young people have been very hard hit, with 18-to-24-year-olds twice as likely as 25-to-54-year-old employees to have lost their job.[29]

38. Some countries rapidly put in place furlough arrangements in order to support employers and protect workers. Others did not act so rapidly. It is still early days, but it is already clear that the economic situation in Europe (as elsewhere in the world) has taken a dramatic downturn as a result of the pandemic, and that the impact on people with the most precarious and worst-paid jobs – already among the least well-off in our societies – will be severe. Moreover, furlough arrangements do not generally apply to freelance workers, many of whom are women working from home, and whose income has also dried up.

39. Lockdown measures, forcing people off the streets, have also *de facto* halted the informal economy. Many Roma, migrants and LGBTI people, who are forced to rely on the informal economy due to discrimination in the labour market, as well as many sex workers, have lost their livelihoods altogether. Many of these people, who already faced social exclusion, are also not covered by social welfare (for example because they lack identity documents) and have been pushed into even deeper poverty as a result. One positive initiative taken in response to such situations has come from UNAR, the agency responsible for implementing Italy's national strategy for the inclusion of Roma. It reallocated €100 000 to cover the basic needs of Roma living in Rome, Naples and Milan and who were not covered by social protection.[30]

2.6. School closures

40. While all children who have had to stay away from schools for long periods are likely to have lost educational ground in this time, the barriers to education during the pandemic have been far greater for some children. Those hardest hit are likely to be those who lost contact the earliest, whether for material reasons or because their parents do not yet speak the language of the country where they live. They will also find it hardest to recover this ground later.

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27. EU Barometer on discrimination 2019.
28. Webber F., "From Windrush to Covid-19: Another scandal in the making", *IRR News*, 26 March 2020.
29. Gustafsson M., "Young workers in the coronavirus crisis: Finding's from the Resolution Foundation's coronavirus survey", Resolution Foundation, 19 May 2020.
30. Korunovska, N. and Jovanovic, Z., op. cit.

41. Persons with disabilities experienced serious disruptions in their education due to school closures, in particular because remote education methods are frequently neither accessible nor adapted to their needs. Students with disabilities were often left without support or dependent on non-profit services for such support. Students not lucky enough to live in a well serviced area were left even further behind.[31]

42. School closures have meant cramped or inadequate living conditions became, in addition, a cramped or inadequate home-schooling environment. Roma and other children living without access to electricity – who already struggle to do homework, especially during dark winter months – could not connect to remote education programmes,[32] and other support mechanisms such as after-school community centres that they might usually attend also had to close. Children of migrants and in some cases children belonging to national minorities being schooled in a language that their parents do not fully master, as well as children whose parents' own level of education or literacy is low, already faced more obstacles in the school system; the sudden reliance on home schooling aggravated their difficulties.

43. Access to education also became dependent on pupils' access to internet and to suitable IT equipment. Those from poorer socio-economic backgrounds whose families did not own and could not afford a computer or tablet had, at best, a smartphone on which to receive educational material. In many families, whatever equipment was available had to be shared between several children, or between a child (or children) and at least one teleworking adult. Amongst positive efforts to counterbalance these issues, many schools set up systems to allow parents to collect printed copies of schoolwork; some local or national authorities also launched initiatives to distribute IT equipment to families in need.

44. Poor or no internet connectivity in more remote areas – often rural areas inhabited by persons belonging to national minorities – also heightened the risk that these pupils would lose contact with the educational system.

2.7. Reprioritisation of healthcare and support services

45. Many healthcare and other support services have been dramatically disrupted due to the re-allocation of public funding to face the health crisis.[33] This has adversely impacted women's access to sexual and reproductive services, including access to safe abortion care. Highly restrictive abortion laws and onerous administrative requirements to access abortion services create barriers to this essential healthcare, which have been even harder to overcome in the context of the pandemic.

46. While some governments have sought to remove barriers to safe abortion care, others have unfortunately sought to make it more difficult to access. This endangers the health of women and girls. Access to other sexual and reproductive health care such as contraception, testing for HIV and sexually transmitted infections (including anonymous testing, often crucial for young people living with their parents), hormone and gender affirming therapy, and reproductive cancer screenings, has also been hindered, with a particular impact on women, girls and LGBTI people. For people who have lost their income due to other measures taken in response to the pandemic, access to medical treatments not fully covered by public health insurance has also become much more difficult or even impossible.

47. On a more positive note, countries that have put care for people first have found solutions to guarantee such services throughout the pandemic.[34]

48. As regards support services that are essential to many persons with disabilities and elderly people, these have often been severely disrupted. Staff shortages due to illness or confinement measures, as well as a general lack of personal protective equipment, have been signalled.[35] This has placed both users and providers of support services at increased risk, and has created a terrain ripe for violations of the fundamental human dignity of persons with disabilities and elderly people. We need to ask ourselves why such situations were not anticipated, why they were tolerated, and how we can change our systems from within in order to

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31. Statement by 138 [UN] member States and observers, "Joint statement on the Disability-inclusive response to Covid-19 – Towards a better future for all: A response to the Secretary General's Policy Brief", 18 May 2020; Felix A., "Persons with disabilities: locked up in institutions, forgotten by governments", blogpost, Equinet, 25 May 2020.
32. Korunovska, N. and Jovanovic, Z., op. cit.
33. "Covid-19 / World Health Day; "Access to family planning is essential, even in a time of crisis", op. cit.
34. Doc. 15084 add.
35. Council of Europe Commissioner for Human Rights, "Persons with disabilities must not be left behind in the response to the Covid-19 pandemic", op. cit.

ensure that they do not arise again. On the latter point, I wish to draw attention to the inspiring, nurse-led, holistic care model developed by the Buurtzorg organisation, established 13 years ago in the Netherlands and now present in many more countries around the world.

2.8. Closures and restrictions on public transport and other public facilities

49. Persons with disabilities are highly dependent on public transport, which is often their sole means of transportation. For hygienic reasons and to ensure physical distancing, however, many countries have imposed restrictions on public transport as a means of reducing the spread of the coronavirus. Until 1 June 2020, Dutch Railways suspended their assistance to persons with disabilities who are unable to enter or leave a train independently.[36] Such measures have severely restricted the opportunities that persons with disabilities have to participate fully in society. Other people heavily reliant on public transport, for instance many young people, lower income earners and Roma, have also been affected by such closures, which have also at times made it impossible for them to access necessary healthcare.

50. The closure of public toilets, again for hygienic reasons, and the lack of alternatives has also given rise to anxiety and problems, especially for those who depend on such facilities due to pregnancy or continence problems.[37]

3. Racism, xenophobia and other forms of intolerance, discrimination and stigmatisation

51. The crisis has inspired many heart-warming manifestations of solidarity, as neighbours and communities have worked together to support their most vulnerable.

52. However, some politicians, instead of seeking additional ways to protect members of society at higher risk from the virus, have actively fuelled racism. A rise in verbal and physical abuse targeting people of Chinese and Asian background was reported in a number of Council of Europe member States after the first cases of Covid-19 were recorded in Europe.Chinese children were abused and bullied in United Kingdom schools. In France, a wave of on- and off-line abuse targeted people of Chinese and Asian origin. Such abuse appears to have built on deeply rooted anti-Asian racism in society, which predates the crisis. The latter appears to have served as a catalyst for manifestations of a pre-existing, widespread prejudice. In Italy, the coronavirus outbreak prompted a string of incidents including attacks on people of Asian origin, including schoolchildren and students of Asian origin and boycotts of Chinese-owned businesses.[38]

53. Other groups have also been portrayed as possible vectors of contamination and targeted by racist acts. The cordoning off of certain Roma districts in Bulgaria and the Slovak Republic directly or indirectly sent the message that they were unclean and to be feared. In the United Kingdom, Traveller communities received a slew of threatening hate mail after a documentary broadcast on national television suggested a link between their presence and increased crime rates.[39] Religious leaders in many countries, including Bulgaria, Georgia, Germany, Italy, the Republic of Moldova, Montenegro, North Macedonia, Poland, the Russian Federation and Ukraine, have blamed LGBTI people for the pandemic. In Turkey, a high-ranking cleric insinuated that homosexuality is responsible for illnesses (and therefore for Covid-19), with the backing of government officials.[40]

54. The killing of George Floyd by a police officer in the United States on 25 May 2020 sparked massive street protests in European cities, in solidarity with the Black Lives Matter movement. Despite the continued circulation of the virus and many bans on public demonstrations, the profound outrage provoked by this killing prompted tens of thousands of people, of all colours and many of them young, to come out into the streets to protest inequality and racism also within European police forces.[41] These protests are a strong sign that young people reject the persistence of structural racism in a post-Covid-19 world.

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36. Dutch Railways, "Changes to NS travel assistance due to the coronavirus".
37. Brooks L., "Closure of public toilets causing anxiety, distress and frustration across UK", *The Guardian*, 10 June 2020.
38. Day R., "Keep away, they are all poisoned': Manchester's Chinese community hit out at racism after coronavirus spread", *Manchester Evening News*, 6 February 2020; Coste V. and Amiel S., "Coronavirus: France faces 'epidemic' of anti-Asian racism", *Euronews*, 3 February 2020; "Amnesty International Italy, "Vergognosa ondata di sinofobia", 4 February 2020.
39. Walker S., op. cit.; Quarmby K., op. cit.
40. ILGA Europe, op. cit.; "Turkey investigates those who object to homophobia", *The Economist*, 9 May 2020.

4. Gender dimension of the pandemic[42]

55. As the Covid-19 pandemic crisis started to unfold and governments began putting in place measures to contain the spread of the virus, women's rights organisations, parliamentarians, specialists, academics, experts and international organisations warned, from the outset, that policies and public health efforts were failing to address the gendered impacts of the crisis.

56. Despite the fact that abundant evidence and research showed that women were more exposed to the risk of contagion due to deep-rooted inequalities, traditional gender roles, social norms and gender segregation in the labour market, governments pressed ahead with measures that would negatively impact women, in all their diversity.[43]

57. Many workers providing services essential to our societies, such as delivering goods and collecting rubbish, are men. The vast majority – around 70% – of healthcare workers are however estimated to be women.[44] Yet a gender-blind approach to the provision of standard personal protective equipment (PPE) in the United Kingdom meant that 77% of the NHS workforce had to use badly fitting – i.e. uncomfortable and dangerous – PPE.[45]

58. Women remain the principal care providers for children and the elderly and do on average 2.6 times more unpaid care and domestic work than men. The closure of schools and day-care centres has added to the formidable daily challenges faced by women and adversely impacted their well-being, mental health financial and economic situation.[46] While legitimate and necessary, lockdown measures also led to a steep increase in cases of domestic violence, as women were confined with their abusers (see chapter 4.3 below).

59. Women were already over-represented in lower-skilled and lower-paid jobs, for example in the hospitality and tourism industries, and in the informal economy. Lockdown measures have amplified this structural discrimination against women, in turn increasing the risk of female poverty.[47]

60. After years of progress towards gender equality, in many countries women have shouldered even greater burdens during the crisis due to the measures taken to combat the pandemic and the combination of childcare, home schooling, unpaid care work and household tasks. It is crucial to take a gendered approach to these issues. When we ignore or neglect the gender dimension of the crisis, we do so to the detriment of overall equality, gender equality, diversity and inclusiveness.

4.1. Gender clichés and gender stereotypes

61. While gender clichés and stereotypes are not the primary focus of my report, failure to address them means we disregard some of the most deeply rooted causes of discrimination. They have been further exposed and aggravated by the crisis and can be harmful to the discussions about overcoming the crisis and putting in place workable solutions.

62. Gender clichés about women have abounded in all discussions related to the pandemic. Women have been portrayed as our guardian angels by hospital beds, nurturing and taking care of children and the elderly and putting food on the table, thus totally ignoring the multiple layers in women's identities. Such clichés are an affront to women's indisputable, indispensable contribution to the social, scientific, cultural, political and democratic facets of our societies. Even when acknowledged, women's contribution is often reduced to stereotypes and essentialist clichés. Women have thus been portrayed as better leaders because they are women, instead of focusing on the type of leadership needed to tackle the crisis and drive forward recovery efforts, based on inclusiveness, empathy, team spirit or lived experience. As Rick Zedník has pointed out, "A shaken world demands balanced leadership. [Successful] leaders have come across as self-confident, not

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41. Rios B., "Beyond the US: Police brutality, structural racism are a problem in Europe too", *Euractiv*, 11 June 2020; Sanchez Nicolas E., "'Black Lives Matter' protests spread in corona-hit EU", *EU Observer*, 9 June 2020; European Union Agency for Fundamental Rights, "Stop racist harassment and ethnic profiling in Europe", 5 June 2020; AFP News, "Tens of thousands turn out for Black Lives Matter protests", *International Business Times*, 4 June 2020; Sandford A., "Europe 'can't breathe': Protests continue across the continent in memory of George Floyd", *Euronews*, 7 June 2020.
42. See also my report for the Assembly: "The gender dimension of foreign policy", Doc. 15122.
43. "Covid-19: the gendered impacts of the outbreak", The Lancet, Vol. 395, Issue 10227, pp 846-848, 14 March 2020; Black E., "The gendered racial inequities of Covid-19", *Data2X*, 18 June 2020.
44. World Health Organisation, "Gender equity in the health workforce: Analysis of 104 countries", March 2020.
45. "PPE 'designed for women' needed on frontline", BBC News, 29 April 2020.
46. UN Women, "Turning Promises into Action: Gender Equality in the 2030 Agenda for sustainable development"; Graves L., "Women's domestic burden just got heavier with the coronavirus", *The Guardian*, 16 March 2020.
47. OECD, "Women at the core of the fight against Covid-19 crisis", 2020.

arrogant. They have been assertive without showing a desire to dominate. They have taken the responsibilities of their position, without emphasising their authority. They have conveyed strength not despite their empathy, but because of it."[48]

63. At the other end of the spectrum, the predominant stereotypes about male leaders portray them as strong, authoritative, firm and influential, who cannot do anything wrong even when they are inconsiderate and in breach of the rules and measures put in place by the very administration and authorities they lead. Some of the world's most powerful male leaders have refused to abide by social distancing measures, confinement, or other protective measures such as wearing a mask. Such "gendered repudiation of protective measures" is a typical example of harmful masculinity, which can have a devastating impact on the safety of the population when displayed by persons in power.[49]

64. Violent misogyny has also contributed to an increase in online harassment of women activists, politicians and opinion-makers. It is a targeted harassment which aims to silence the voices of women who are asking for a gendered and inclusive approach in the measures dealing with the Covid-19 and recovery measures.

65. Furthermore, gender stereotypes, gendered roles and clichés threaten gender equality progress and women's continued emancipation. There is a worrying tendency for women to go back to so called "traditional roles" to the detriment of their professional advancement. Women "remain the chief operating officers of their households, even when they have full-time jobs".[50] Despite progress towards a more balanced distribution of household responsibilities, care for children and the elderly, care-taking "is still overwhelmingly understood to be 'women's work'".[51] Women in academia have for example faced serious difficulties in trying to keep up with their career, childcare and household chores in times of crisis.[52]

4.2. Crisis and beyond: who decides?

66. Although women have been at the forefront of efforts to contain the spread of the pandemics, they have been either underrepresented, not represented or invisible in decision-making processes. When it comes to the design of recovery measures and putting in place contingency plans to handle future crises, men's voices are dominating. The lack of women in decision-making reveals "just how deep macho stereotypes run through society"; crisis responses have been described as "male-centric" and "dominated by men".[53]

67. In a review of 30 countries, the majority of national-level committees established to respond to Covid-19 were found not to have equal representation of women and men. Of the countries surveyed who had established such committees, 74% had fewer than one-third female membership, and only one committee was fully equal. On average, women made up 24% of the committees.[54] The images of crisis teams in the media reflect this. The point is not to question the competencies of entirely or mostly male teams, but to underscore that they are detrimental to efforts to advance gender equality and promote diversity and inclusiveness.

68. We need to ask: where are the women, the people of colour, the young people, the persons with disabilities? We must keep asking this until decision-making bodies embrace diversity and reflect the composition and different the voices and concerns of today's societies throughout the 47 member States of the Council of Europe.

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48. Zedník R., "A shaken world demands balanced leadership", *Medium*, 15 April 2020.
49. Shahvisi A., "Manspreading", LRB Blog, *London Review of Books*, 30 May 2020.
50. Bennet J.," 'I Feel Like I Have Five Jobs': Moms Navigate the Pandemic", *New York Times*, 20 March 2020.
51. Chemaly S., "Coronavirus could hurt women the most. Here's how to prevent a patriarchal pandemic", *NBC News*, 21 April 2020.
52. Fazackery A., "Women's research plummets during lockdown – but articles from men increase", *The Guardian*, 12 May 2020.
53. Burrell S. and Ruxton S., "Coronavirus reveals just how deep macho stereotypes run through society", *The Conversation*, 9 April 2020; McGregor A.J., "Our Response to Covid-19 Is Male-Centric?", *Scientific American*, 26 April 2020; "Most of Italy's doctors and nurses are women. Its official coronavirus response is dominated by men", *Los Angeles Times*, 7 May 2020.
54. CARE, "Where are the women? The Conspicuous Absence of Women in Covid-19 Response Teams and Plans, and Why We Need Them", *Reliefweb*, 9 June 2020.

5. Violence against women

69. It is estimated that one in three women have experienced either physical and/or sexual intimate partner violence or non-partner sexual violence in their lifetime. An average of 137 women across the world are killed by a partner or family member every day, and women account for 64% of the total of intimate partner/family related homicides.[55]

70. While vital to efforts to contain the spread of the corona pandemics and avoid a collapse of the health care systems, compulsory home confinement, isolation and other social distancing measures enforced in several European countries and at global level, have undoubtably contributed to an enabling environment that has exacerbated and increased the risk of gender-based violence. The lockdown is believed to have led to a huge explosion in violence with some countries reporting that abuse has risen by a third.[56]

71. As most of European countries adopted and implemented increasingly drastic confinement measures, the negative consequences of such measures started to unfold. Reports and statistics of authorities, police, women's rights organisations, service providers, parliaments and international organisations pointed towards an alarming rise in cases of violence against women[57]. With no possibility to leave home and limited or no access to support services such as shelters or emergency phone lines, women and children living with violence and abuse were confined with the perpetrators and exposed to more violence and life threatening, risks.

72. The United Nations Population Fund (UNFPA) has warned that there will be as much as one-third reduction in progress towards ending gender-based violence by 2030, and that Covid-19 will jeopardise efforts to end female genital mutilation and child marriage.[58]

73. Groups of women such as women with disabilities, migrant, refugee or asylum-seeking women, face additional barriers and risks of violence during crisis. Studies and research reveal that women with disabilities are at higher risk of abuse and violence including psychological, physical, sexual, financial and social violence. Vulnerabilities heighten in times of crisis. Furthermore, diverting resources towards dealing with the pandemic has negatively impacted access to sexual, reproductive and health rights for women with disabilities.

74. Service providers have raised concerns about access to support services by migrant and ethnic minority women. Lack of access to information, language barriers, limited shelter spaces, fear of detention, deportation or separation from their children increase their exposure to violence.[59]

75. Calls to ensure that shelters for women victims or those at risk of violence remain accessible multiplied. National authorities have an obligation to take adequate measures to prevent violence, protect victims and prosecute perpetrators, in line with the principles of international standards, notably the Council of Europe Convention on preventing and combating violence against women and domestic violence ("Istanbul Convention", CETS No. 210). There has never been a greater need to ensure support services are available and that women and girls are informed of where to find help.[60]

76. The Committee of the Parties to the Istanbul Convention has underlined that confinement and isolation measures contribute to the risk of women's and girls' exposure to the many different forms of gender-based violence, including sexual, domestic and so-called honour-related violence and drawn attention to the fact that such risks are particularly high for women and girls belonging to disadvantaged groups, such as women with disabilities, women in prostitution, elderly women, migrant and asylum-seeking women. It has stressed that the principles and the requirements of the Istanbul Convention apply at all times and that "States parties to the

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55. World Health Organisation, "Violence against Women", 29 November 2017; United Nations Office on Drugs and Crime, "Global Study on Homicide (2018): Gender-related killing of women and girls", November 2018.
56. UN Women, "Infographic: The Shadow Pandemic – Violence Against Women and Girls and Covid-19 ", 6 April 2020; Pinna M, op. cit.
57. Chandan J.S. et al., "Supplementary Appendix to Covid-19: a public health approach to manage domestic violence is needed". *Lancet Public Health 2020*, 8 May 2020.
58. UNFPA, "Impact of the Covid-19 Pandemic on Family Planning and Ending Gender-based Violence, Female Genital Mutilation and Child Marriage", 27 April 2020.
59. Human Rights Watch, "UK Failing Domestic Abuse Victims in Pandemic ", 8 June 2020.
60. "Covid-19: Put safety of women at the heart of all measures to tackle the coronavirus, says rapporteur", op. cit.; "For many women and children, the home is not a safe place", Statement by Marceline Naudi, President of GREVIO, Council of Europe, 24 March 2020.

Convention have an obligation to exercise due diligence to prevent, investigate, punish and provide reparation for acts of violence covered therein, in accordance with their obligations under the European Convention on Human Rights".[61]

77. Public authorities were encouraged not to lose sight of the need to guarantee equality and to protect fundamental human rights, including the right of women to safety and stressed the need for all policy and program responses and efforts to mitigate adverse effects, to be based on a clear understanding of the mechanisms underlying the dynamics of gender-based violence. To support member States in their efforts to guarantee such rights, the Council of Europe Gender Equality and Violence against Women Divisions compiled and made available information[62] on initiatives, practices, statements, and guidelines put in place by the member States, notably in line with the obligations and requirements of the Istanbul Convention, and other useful information by other international organisations and by NGOs.

78. Innovative solutions, mitigation measures and good practices started to emerge. A total of 41 member States and 30 civil society organisations and service providers sent information to the Council of Europe, which has been made available on a dedicated Council of Europe web page.[63] It ranges from alternative shelter provisions, to accelerated eviction and protection orders, additional or alternative emergency phone lines, the use of social media platforms to raise awareness about risks and disseminate information about services and so much more. There is no need to reinvent the wheel: we can learn so much from what is already in place and working in member States.

6. Conclusions

79. The Covid-19 pandemic is more than a health crisis. It has affected the functioning of our democracies, and human rights across the spectrum. From an equality and non-discrimination perspective, it has shone a light on the far-reaching, structural inequalities existing in our societies, and it has exacerbated them.

80. Governments' initial response when designing measures to contain and combat the pandemic was often to adopt a "one size fits all" approach. They rarely took sufficiently into account the different situations and needs of women, young people, the elderly, persons with disabilities, persons belonging to national and ethnic minorities, LGBTI people or other minorities; nor did they consider adequately the different impacts that blanket-style measures would have on different groups.

81. Because of this exclusion, people who were already struggling in our societies before the pandemic have been severely disadvantaged. Women have been locked up with their abusers, with nowhere safe to turn; persons with disabilities have been disempowered; people in low-paid, insecure jobs – including many people belonging to ethnic minorities, LGBTI people and young people – have either lost their livelihoods, or been forced to keep working in conditions that place their lives or health at risk; children already at a disadvantage in schools were the first to lose contact when education moved online, and will likely find it hardest to regain lost ground; many minorities were stigmatised and targeted by hate speech designating them as being responsible for the crisis.

82. Generally speaking, those who were most marginalised due to pre-existing, structural discrimination in our societies will also be hardest hit by the consequences of the crisis, across all fields of daily life.

83. We are by no means certain that the pandemic is over. At the time of drafting, some countries are still struggling with high numbers of new cases, and clusters have reappeared in countries where the situation appeared to be under control. The risk of a second wave of the pandemic in Europe remains very real.

84. The crisis has already been devastating and its far-reaching impacts will be felt for a long time to come. But it also provides us with an opportunity to transform our societies for the better.

85. It is up to us to recognise the diversity and different realities that co-exist within our societies and to ensure that the decisions we make are inclusive. We must ensure that the decisions we make are driven by accurate, disaggregated data. We must constantly ask ourselves who may have been missed. And we must make room at the decision-making table for all these voices to be represented.

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61. Committee of the Parties to the Istanbul Convention Declaration on the implementation of the Convention during the Covid-19 pandemic, 20 April 2020.
62. "Women's rights and the Covid-19 pandemic", Gender Equality, Council of Europe.
63. Ibid.

86. These steps must be part and parcel of any crisis response, but they should also be integral to decision-making processes in ordinary times. There is no time to waste: our work begins now.